

APPLICATION DATA SHEET

Application Information

Application Type::	Regular
Title::	METHODS AND APPARATUS FOR TREATING INTERVERTEBRAL DISCS
Attorney Docket Number::	S-12
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	19
Small Entity?::	NO

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	David
Middle Name::	C.
Family Name::	Hovda
City of Residence::	Mountain View
Country of Residence::	USA
Street of mailing address::	1900 Miramonte Avenue
City of mailing address::	Mountain View
State or Province of mailing address::	California
Country of mailing address::	USA
Postal or Zip Code of mailing address::	94040

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Brian
Middle Name::	E.
Family Name::	Martini
City of Residence::	Menlo Park
Country of Residence::	USA
Street of mailing address::	25 Harrison Way
City of mailing address::	Menlo Park
State or Province of mailing address::	California
Country of mailing address::	USA
Postal or Zip Code of mailing address::	94025

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Allison
Middle Name::	C.
Family Name::	Johnson
City of Residence::	San Mateo
Country of Residence::	USA
Street of mailing address::	702 S. Delaware Street
City of mailing address::	San Mateo
State or Province of mailing address::	California
Country of mailing address::	USA
Postal or Zip Code of mailing address::	94402

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Norman
Middle Name::	R.
Family Name::	Sanders
City of Residence::	Hillsborough
Country of Residence::	USA
Street of mailing address::	35 Knollcrest Road
City of mailing address::	Hillsborough
State or Province of mailing address::	California
Country of mailing address::	USA
Postal or Zip Code of mailing address::	94010

Correspondence Information

Correspondence Customer Number::	021394
Name::	ArthroCare Corporation
Street of mailing address::	680 Vaqueros Avenue
City of mailing address::	Sunnyvale
State or Province of mailing address::	CA
Country of mailing address::	USA
Postal or Zip Code of mailing address::	94085-3523
Phone number::	(408) 736-0224
Fax Number::	(408) 530-9143
E-Mail address::	rbatt@arthrocare.com

Representative Information

Representative Customer Number::	021394
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non Provisional of	60/408,967	9/5/2002

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: ArthroCare Corporation
Street of mailing address:: 680 Vaqueros Avenue
City of mailing address:: Sunnyvale
State or Province of mailing address:: California
Postal or Zip Code of mailing address:: 94085-3523